

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S) **10/517756**

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TAL ID.				
TAL EP.				
TAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52	/							
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100								
TOTAL IND.	4							
TOTAL DEP.	23							
TOTAL CLAIMS	27							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS